

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NORTH CAROLINA GASTROENTEROLOGY PAC OF DIGESTIVE HEALTH SPECIALISTS

Full Name (Last, First, Middle Initial)

A. Dr. William Bray

Mailing Address 3600 Old Pfafftown Rd

City
Winston-Salem

State
NC

Zip Code
27106

FEC ID number of contributing
federal political committee.

C

Name of Employer
Digestive Health Specialists

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1350.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 30 / 2014

Transaction ID : SA11AI.4243

Amount of Each Receipt this Period

400.00

Full Name (Last, First, Middle Initial)

B. Dr. Charles Katopes

Mailing Address 792 Windalier Lane

City
Winston-Salem,

State
NC

Zip Code
27106

FEC ID number of contributing
federal political committee.

C

Name of Employer
Digestive Health Specialists

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1350.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 30 / 2014

Transaction ID : SA11AI.4244

Amount of Each Receipt this Period

400.00

Full Name (Last, First, Middle Initial)

C. Dr. Bruce McCune

Mailing Address 1118 Murphy Lane

City
Winston-Salem

State
NC

Zip Code
27104

FEC ID number of contributing
federal political committee.

C

Name of Employer
Digestive Health Specialists

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1350.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 30 / 2014

Transaction ID : SA11AI.4245

Amount of Each Receipt this Period

400.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1200.00